

For your



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
Benefits  
Connection

# BENEFIT

Published by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts and participating communities

Deval Patrick, Governor

Thomas A. Shields, Chair

Dolores L. Mitchell, Executive Director

Fall 2008

## GROUP INSURANCE COMMISSION

*Providing State and Participating  
Community Employees, Retirees,  
and Their Dependents with Access  
to Quality Care at  
Reasonable Costs*

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## Bring it Home

Employees - be sure to bring this  
newsletter home to your family.  
Their input and knowledge of  
benefit options, changes, and  
reminders is important to your  
family's health and well being.

## Municipal Implementation Runs Smoothly, Saves Money, Say Town Officials

This July was the first opportunity for cities, towns, districts, charter schools, and planning councils to take advantage of the new municipal group insurance law, which allows municipalities the option of getting health insurance benefits for their employees and retirees through the GIC. New communities were pleased with both the transition and the savings that came with their move to the GIC. Signed by Governor Deval Patrick on July 25, 2007, the law provides communities with some relief from the financial pressures of rapidly rising health insurance costs. Towns such as Holbrook, Millis and Groveland have already experienced significant savings for both the town's budget and the employees' wallets. According to Michael D. Yunits, Holbrook's Town Administrator, employees will realize a whopping 58 percent reduction in rates, although they will see increases in co-pays, and the Town will save seven percent (\$212,314) during the first year alone.

Many municipalities had expected a difficult transition for administrative reasons and/or the perceptions associated with joining a large state group insurance program. Some administrative processes had to be overhauled and there were a number of queries from subscribers. In anticipation of these challenges, GIC staff members were

readily available to take questions and to help administrators through the day-to-day process. Greg Labrecque, Finance Director for the Town of Groveland said, "The process to enter the Group Insurance Commission was made easier than I anticipated due to the cooperation of our employees and retirees along with tremendous support from GIC staff." Labrecque went on to say, "I have not had one complaint as everything is proceeding just as it was advertised."

Municipal officials must employ a process known as coalition bargaining to negotiate collectively with union and retiree representatives through a Public Employee Committee. Agreement to enter into the GIC requires approval of 70 percent of the Public Employee Committee and administrators must notify the GIC of their participation by October 1, 2008 for a coverage effective date of July 1, 2009. Jeff Cannon, the Treasurer/Collector for the Town of Millis suggests that municipalities thinking of joining the GIC keep in mind that "the transition experience was not without difficulties but were all overcome fairly easily" and that "the payback in reduced health insurance premium, for our subscribers and for the town, has been very gratifying and well worth the effort."

# Physician Tiering Catching On

Physician tiering as a means to improve health care quality while reducing costs (similar to the GIC's Clinical Performance Improvement Initiative) is beginning to be adopted by other purchasers and providers of health insurance. Through these programs, members pay lower co-pays when they visit better performing physicians, and in some plans, hospitals.

The GIC's Select & Save non-Medicare plans tier physicians based on quality and cost-efficiency.

\*\*\*Tier 1 (excellent)

\*\*Tier 2 (good)

\*Tier 3 (standard)

With the GIC's plans, members pay lower office visit co-pays for physicians who meet quality and cost efficiency standards. Physicians for whom there is not enough data and non-tiered specialists are assigned the Plan's Tier 2 co-pay. Co-pays vary by health plan; physician tiering details can be found on the plan's websites or by calling the plans.

Similar non-GIC initiatives include:

**Minnesota State Employee Group "Advantage Health Plan":** Unlike the GIC's program, this plan focuses only on cost; it does not include quality although quality information

is provided with links to Minnesota Community Measurement. Members who have completed a health risk assessment during open enrollment have the following physician office visit co-pays (co-pays are higher for members who have not completed this assessment): \$17 (level 1), \$22 (level 2), \$27 (level 3) and \$37 (level 4). Inpatient hospital co-pays are \$85, \$180, or \$450 and 25% coinsurance respectively.

**Blue Cross Blue Shield of Massachusetts Network Blue Options (PPO and HMO):** These plans tier Primary Care Physicians with co-pays of \$10 (enhanced tier), \$15 (standard tier) and \$20 (basic tier), with the tiers connoting that the providers meet the plan's quality and low cost benchmarks, meet quality and moderate cost benchmarks, or are below quality and/or cost benchmarks, respectively. All specialist office visits have a flat \$25 co-pay per visit. The plan also tiers inpatient hospital care at \$200 (enhanced tier) or \$400 (standard or basic tier).

**Aetna Aexcel®:** This plan, offered in selected U.S. markets, tiers 12 medical specialties according to the plan's clinical performance and efficiency standards. Aetna used their own data to evaluate selected specialists. Physicians are either Aexcel®-designated or they are not.

## Turning Age 65 Questions and Answers

*Q) I'm turning age 65; what do I need to do? Should I enroll in Medicare Part A and/or Part B if I am eligible?*

A) If you are age 65 or over, call or visit your local Social Security Office for confirmation of your Social Security and Medicare benefit eligibility. If you (the insured) are eligible and if you are retired, you must enroll in Medicare Part A and Part B to continue coverage with the GIC. See the *Retiree/Survivor Benefit Decision Guide*, available on the GIC's website, for your health plan options.

If you are eligible but you continue working for the state or a participating municipality after age 65, DO NOT enroll in Medicare Part B until you (the insured) retire.

The spouse covered by an active employee who is 65 or over should NOT sign up for Medicare Part B until the

insured retires. Due to federal law, different rules apply for same sex spouses. See the GIC's website for details.



Most enrollees should not sign up for Medicare Part D. See the GIC's website for more information.

*Q) I'm retired, but not age 65. My spouse is turning age 65; what should my spouse do?*

A) Your spouse should call or visit your local Social Security Office for confirmation of Social Security and Medicare eligibility. If eligible, he/she must enroll in Medicare Part A and Part B to continue coverage with the GIC through a GIC Medicare supplemental plan.

See the under/over age 65 section of the *Benefit Decision Guide*, available on our website, for your health plan combination options.

*continued on page 3*



## GIC Members' Weight Mirror National Trends

**T**wo thirds of American adults are overweight and one in three American adults is considered obese. Being overweight puts you at increased risk for heart disease, diabetes, and other serious health conditions. Sadly, GIC enrollees mirror these national statistics and many are overweight or obese according to screenings conducted at the spring health fairs.

The GIC offered complimentary Body Mass Index (BMI) screenings at the fairs, which measures height relative to weight and waist circumference, a reliable indicator of total body fat. A BMI measurement of 25.0 to 29.9 indicates that the individual is overweight; those with a BMI of 30 or more are considered obese. According to the results of the GIC's annual enrollment screenings:

- ◆ Overweight BMI measurement: 36% of males and 24.6% of females
- ◆ Obese BMI measurement: 25% of males and 32.9% of females

Younger and older enrollees had the highest risk BMI scores:

- ◆ 53% of participants under age 30 at risk: 11% fair risk, 42% high risk
- ◆ 66% of participants ages 30-39 at risk: 15% fair risk, 51% high risk
- ◆ 62% of participants ages 70-79 at risk: 24% fair risk, 38% high risk

The good news is that even modest weight loss can reduce or prevent the likelihood of complications from obesity. Dietary changes, including portion control, increased physical activity, and behavioral changes can help you lose the weight you need to lose.

## Tufts Health Plan Scholarship Applicants Suggest Ways to Tackle Obesity Epidemic

This summer, Tufts Health Plan's college scholarship application for GIC dependents included an essay about the obesity epidemic. Some of the suggestions applicants recommended for helping people to tackle this complex challenge included the following:

- ◆ Reduced portion sizes at restaurants;
- ◆ Requiring easy to understand food labels; labeling of healthiest food choices;
- ◆ Public service messages with healthy lifestyle suggestions;
- ◆ Federal tax deductions for gym memberships and other wellness program participation;
- ◆ Increased physical education time at schools;
- ◆ School courses on nutrition and how to read food labels;
- ◆ Local government and company sponsored family activities and races;
- ◆ Increased regulation of food advertising, particularly shown on children's television;
- ◆ Increased local government construction that promote physical activity (e.g. playgrounds, sidewalks, bike paths and safe lighting); and
- ◆ Government support of food companies to promote responsible eating, similar to drinking responsibly campaigns by liquor manufacturers



## Turning Age 65 Questions and Answers *continued from page 2*

*Q) What documents must I provide to the GIC when I am retired and age 65 or over?*

A) If you and/or your spouse are on Medicare, we will need the following documentation:

- ◆ Photocopy of your Medicare Card (include a copy of spouse's card if applicable).
- ◆ Photocopy of your latest 1099 or a letter from Social Security stating how your monthly Part B premium is paid (e.g., you are being directly billed by Social Security or it is being deducted from your Social Security check). Include this same documentation for your spouse, if applicable.

If you and/or your spouse are over age 65 and not eligible for Medicare we will need the following documentation:

- ◆ Letter from Social Security stating that you or your spouse is not eligible for Medicare Part A for free.

*Additional answers to questions about turning age 65 are on the GIC's website. The GIC recently produced a new "Turning Age 65 Q&A" brochure, which is available on the "Your GIC Records" section of our website. Members who are turning age 65 will receive this brochure by mail a month before they turn age 65.*



## Flexible Spending Account Open Enrollment For State Employees October 6 – November 7



If you are a state employee looking to save money on your federal and state taxes, take advantage of the GIC's pre-tax benefits. Open enrollment for Flexible Spending Account (FSA) benefits will take place October 6-November 7 for 2009 calendar year benefits. ***Current participants MUST re-enroll to receive benefits in 2009.***

### Health Care Spending Account (HCSA)

Pay your out-of-pocket medical expenses on a pre-tax basis:

- ◆ Physician office visit and prescription drug co-pays
- ◆ Orthodontia and dental expenses not covered by your dental plan
- ◆ Eye wear and exams not covered by your vision plan
- ◆ Over-the-counter drugs such as pain relievers and eye drops

All active state employees eligible for GIC benefits are eligible for this program. Choose an annual election of \$500 to \$2,500, which will be deducted from your paycheck on a pre-tax basis. As you incur expenses, submit a claim form with your receipts to SHPS, the plan administrator; they will deposit the reimbursement to your bank account. Receipts to substantiate your claims may be requested by SHPS or the Internal Revenue Service (IRS) so be sure to save them.

### Dependent Care Assistance Program (DCAP)

Pay for child care, after school programs, or day camp for your dependent child under age 13 or adult dependent day care expenses on a pre-tax basis. If you are an active state employee and work at least half-time, you are eligible for this program. Choose an annual election of up to \$5,000. As you incur expenses, submit a claim form and receipt to SHPS. They will deposit the reimbursement to your bank account.

### Estimate Your Election Carefully

Before you determine your annual election for an FSA account, be sure to estimate your 2009 expenses carefully. The IRS requires that any unused funds in a participant's account at plan year-end be forfeited. There is, however, a two and a half month grace period after year end to use up these funds. In addition to your election, there is a monthly administrative fee for HCSA alone, DCAP alone, or HCSA and DCAP combined of \$3.75 on a pre-tax basis.

### Enrollment and Additional Information

Be sure to enroll no later than Friday, November 7 to save money or your taxes in 2009. For additional details, contact SHPS at 1-866-862-2422 or see the GIC's website. Enrollment forms are also on the GIC's website or from your Payroll Coordinator. Current participants will receive instructions mailed to their home on how to re-enroll online.



## Optional Life Insurance Enhancement Effective October 1, 2008

Active state employees who have a qualified family status change during the year will soon be able to enroll in or increase their optional life insurance coverage without any medical review in an amount up to four times salary within 31 days of the qualifying event. ***The family status change must occur on or after October 1, 2008.***

Qualifying family status changes include the following events:

- ◆ Marriage
- ◆ Birth or adoption of a child
- ◆ Divorce
- ◆ Death of a spouse

*To make this change, complete and return to your GIC Coordinator a GIC Insurance Enrollment and Change Form (Form-1) along with proof of the family status change.*



# Feeling Sad, Angry or Anxious?

## Free Online Resource for *All* GIC Members



If you or someone you care about is feeling sad, angry or anxious, you may not be sure whether or not it's serious. Don't take a chance. Find out whether or not you or your loved one is depressed and needs help by taking advantage of United Behavioral Health's free, anonymous online resource for *all* GIC enrollees. Liveandworkwell.com offers free online questionnaires to help you assess your risk for depres-

sion, attention deficit hyperactivity disorder, and alcoholism.

To use this tool, select "click here to enter with only an access code" and then enter the GIC's access code of 10910 to take a quick, anonymous survey under the *Find Resources* section of the website. If the survey shows signs of depression, get help. If you are a member of one of the UniCare State Indemnity Plans or Navigator by Tufts Health Plan, contact United Behavioral Health. If you're a member of another GIC health plan, contact the plan (*see page 7*). If you are feeling suicidal, call 911 immediately for help.

In addition to the online survey, UBH's website has a wealth of information pertaining to depression, stress, and other mental health issues. Another online source of free mental health surveys, available to all Massachusetts workers, is funded by the Massachusetts Department of Public Health Suicide Prevention Program and can be accessed at [www.mentalhealthscreening.org](http://www.mentalhealthscreening.org). Click on the Massachusetts Workplace link.



Common signs of depression that last more than two weeks:

- ◆ Feeling miserable, sad or irritable
- ◆ Losing interest in most activities
- ◆ Feeling tired
- ◆ Poor concentration
- ◆ Thinking of death or suicide
- ◆ Loss of self esteem
- ◆ Alcohol or drug abuse



Depression is very common. One in four women and one in eight men will suffer from major depression during their lifetime, according to *Families for Depression Awareness*. Early treatment is critical for a positive outcome. A depressive episode, left untreated, can last six months or recur over a period of years. And, most critically, depression is the leading cause of suicide. Fortunately, more than 80 percent of people with clinical depression can be successfully treated, according to *Mental Health America*. With early recognition, intervention, and support, most people can overcome clinical depression and pick up where they left off.

# What You Can Do To Take Your Medications Safely

**M**edication safety means taking the right medication, at the right time and in the right way. Doing so can improve health and save lives. Here are some ways you can help avoid mistakes with your medications:

## At the Doctor's Office

- ◆ Know why you are taking each medication. Also, find out how often and long you need to take it.
- ◆ Talk with your doctor or nurse about each medication. Learn the dosage (how much you take), directions (how to take it) and what to do if you forget to take your medication. Also, ask about any side effects and what to do if they occur.
- ◆ Tell your doctor about all the medications you take. This includes prescription drugs, vitamins, and other natural remedies such as herbal products.
- ◆ Make sure that you can read all the prescriptions the doctor writes for you.

## At the Pharmacy

- ◆ If you use a retail pharmacy, try to use the same pharmacy each time. This way, the staff gets to know you and your health care needs.
- ◆ Give your pharmacist needed information. This includes your insurance card and your phone number. It also includes a list of any drug allergies and a list of all the medications (prescription and non-prescription), vitamins, and natural remedies (if any) that you take.
- ◆ Make sure you get the correct medication. Read the label on the pill bottle to make sure that the instructions and dosage are the same as your doctor ordered.
- ◆ Ask for written information about each medication.

## At Home

- ◆ Take your medication only as prescribed. This means not taking more or less than the doctor ordered. And never take someone else's medication.
- ◆ Be aware of any side effects or bad reactions (such as dizziness or nausea). Call your doctor or pharmacy if you do not feel well.

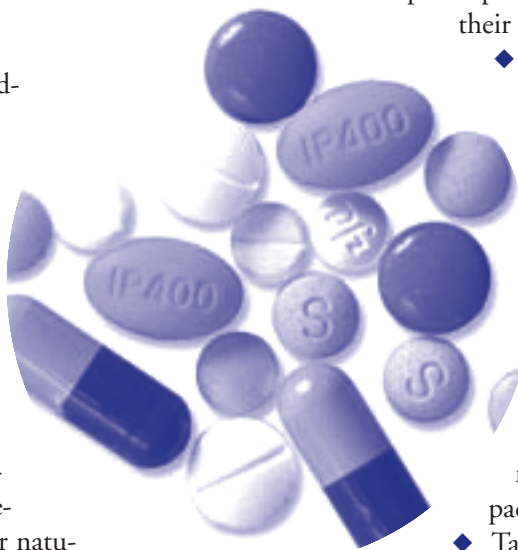
- ◆ Keep all medication in the original pill bottle or package. Store in a cool dry space, and be sure to keep all medication out of the reach of children.
- ◆ Pay attention to expiration (use by) dates on the pill bottle. Do not wait until the last minute to refill your prescription. Throw out medications that are past their expiration date.
- ◆ Make a complete, up-to-date list of your medications. Keep copies at home and in your wallet, and think about giving a copy to a family member or close friend.

## In the Hospital

- ◆ Let the hospital staff know about all the medications you take. You can do this with a written list of your medications. Or you can bring all your medications (in their original bottles or packages) to the hospital with you.
- ◆ Talk with your doctor or nurse about all new medications. For each, ask how to take it and why you need it.
- ◆ Tell your nurse if you think you are not getting medication on time. Also, speak up if you think you are getting the wrong pill.
- ◆ Before you leave the hospital, ask for a list of all medications you need to take at home. Make sure you know how to safely take each of them.

For additional information about medication safety, visit the following websites: Massachusetts Coalition for the Prevention of Medical Errors ([www.macoalition.org](http://www.macoalition.org)), U.S. Department of Health and Human Services ([www.ahrq.gov/consumer/safemeds/safemeds.htm](http://www.ahrq.gov/consumer/safemeds/safemeds.htm)), The Joint Commission ([www.jointcommission.org/patientsafety/speakup/speak\\_up\\_med\\_mistakes.htm](http://www.jointcommission.org/patientsafety/speakup/speak_up_med_mistakes.htm)) and the Institute for Safe Medication Practices ([www.ismp.org/newsletters/consumer/consumeralerts.asp](http://www.ismp.org/newsletters/consumer/consumeralerts.asp)).

*This article was provided by the Partnership for Excellence ([www.partnershipforhealthcare.org](http://www.partnershipforhealthcare.org)), a statewide initiative dedicated to helping Massachusetts consumers improve the quality of their own health care. The GIC is a member of the Partnership's Leadership Council.*



## Letters to the Editor



"I was pained to read your recent article asking people to question the need for PSA screenings. My husband is 64 years old, white, slender, and with no known family history of prostate cancer – in other words, seemingly low risk. A few years ago he started having mild symptoms of prostate enlargement, but nothing was detected on digital exam. He requested PSA screening, but his physician would not order the test. This March, still with minimal symptoms, he was finally able to get a PSA test. The result was a very high 20. A biopsy showed high-risk cancer cells throughout his prostate. He is currently undergoing aggressive treatment.

Any aggravation caused by potential false positives and unnecessary biopsies from the PSA is greatly outweighed by the devastation of false negatives from the digital exam that could have been treated earlier, but were not. When your life is at stake, you have a different perspective on the risks and side effects that you cite {about PSA testing}. Though PSA testing may not be perfect, using it more rather than less will allow the earlier detection that saves lives."

MCC, Belchertown, MA

*Editor's note: We wish MCC's husband the best in his treatment. All GIC health plans cover PSA as a diagnostic test when there are presenting symptoms of prostate cancer, including prostate enlargement. The point of the article was that many respected physicians question the need for the test when there are no presenting symptoms.*

The GIC welcomes your feedback. We will include selected letters in our newsletter. Or, submit a letter and request that we not reprint it. The GIC reserves the right to edit your comments for clarity and space considerations. All letters must be signed with your name and address. Send Letters to the Editor to Cynthia McGrath, Editor, *For Your Benefit*, Group Insurance Commission, PO Box 8747, Boston, MA 02114-8747.

### GIC BENEFIT ACCESS Health Insurance

Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442 www.fchp.org
Harvard Pilgrim Health Care Independence Plan Medicare Enhance	1-800-333-4742 www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO, MedPlus	1-800-310-2835 www.hne.com
NHP Care <i>Neighborhood Health Plan</i>	1-800-462-5449 www.nhp.org
Navigator by Tufts Health Plan  Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health</i> )	1-800-870-9488 www.tuftshealthplan.com/gic 1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Tufts Health Plan Medicare Complement Medicare Preferred	1-888-333-0880 www.tuftshealthplan.com
UniCare State Indemnity Plan/ Basic, Community Choice, Medicare Extension (OME), and PLUS  Prescription Drugs ( <i>Express Scripts</i> )	1-800-442-9300 http://www.unicarestateplan.com/ 1-877-828-9744 www.express-scripts.com
Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health</i> )	1-888-610-9039 www.liveandworkwell.com (access code: 10910)

### Other Benefits for State Enrollees



Life Insurance and AD&D ( <i>The Hartford</i> )	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) ( <i>Unum</i> )	1-877-226-8620 www.mass.gov/gic
Employee Assistance Program (EAP) for Managers and Supervisors ( <i>United Behavioral Health</i> )	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) ( <i>SHPS</i> )	1-866-862-2422 www.mass.gov/gic
GIC Retiree Vision Discount Plan ( <i>Davis Vision</i> )	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan ( <i>MetLife</i> )	1-866-292-9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff ( <i>MetLife</i> )	1-866-292-9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff ( <i>Davis Vision</i> )	1-800-650-2466 www.davisvision.com

### Other Resources

Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA) 1-413-784-1711 (Western MA)
Medicare ( <i>Federal Program</i> )	1-800-633-4227 www.medicare.gov
Social Security Administration ( <i>Federal Program</i> )	1-800-772-1213 www.ssa.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/treasury/srb.htm

### Other Questions

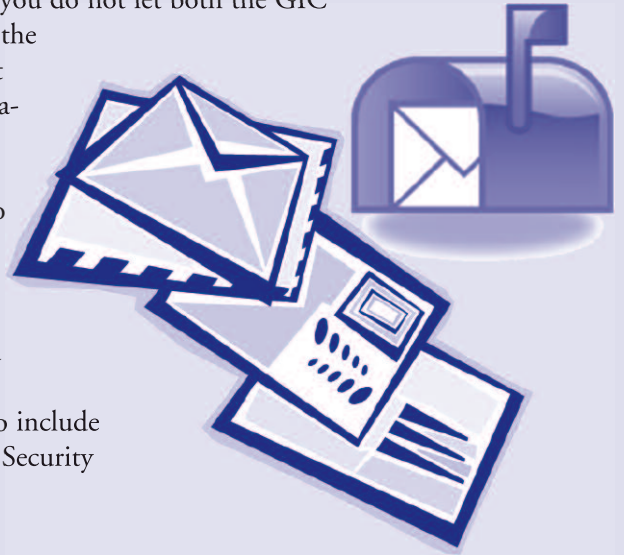
Group Insurance Commission TDD/TTY Access (website hospital research password: quality)	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
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For Your Benefit is published by the Massachusetts  
GROUP INSURANCE COMMISSION  
Dolores L. Mitchell, Executive Director  
Cynthia McGrath, Editor

## Changing Your Address

It's important to keep your address up to date with the GIC *AND* the post office so that you receive important information about your benefits. Be aware that if you do not let both the GIC and the post office know of your address change, the address the GIC has on file for you could be replaced by the address the post office has on record, as required by new U.S. Postal Service regulations. To process an address change, take the following steps:

- ◆ Employees and Retirees – visit your local post office, or go to the U.S. Postal Service website ([www.usps.gov](http://www.usps.gov)) to submit an address change.
- ◆ Employees - advise the GIC Coordinator in your benefits office of an address change; your Coordinator will give you a form to complete and return.
- ◆ Retirees - write to the GIC requesting the change. Be sure to include your name, GIC Identification Number (usually your Social Security Number), telephone number, date and signature.



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COMMONWEALTH OF MASSACHUSETTS

P.O. BOX 8747 • BOSTON, MA 02114-8747